

201312A

## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC☐ CLEC☐ ILEC☐ Wireless

244784

CERTIFICATED COMPANY INFORMATION	
Company Name <u>The Other Phone CO</u>	FEIN/SSN <u>501-748-5325</u>
Dbafka <u>Access One</u>	Telephone # <u>501-748-5325</u>
Mailing Address <u>Mail Stop - B1 F2 - 12A</u>	
City, State, Zip Code <u>Little Rock, AR 72212</u>	
Business Location <u>4001 Rodney Parham Rd</u>	
City, State, Zip Code <u>Little Rock, AR 72212</u>	County _____

REGISTERED AGENT INFORMATION
Registered Agent: _____
Mailing Address: _____
City, State, Zip Code _____

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

- A. **General Manager** (Include Address if different than above)  
 \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)  
 \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)  
 \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address
- C2. **Customer Contact (Toll Free Number)**  
 \_\_\_\_\_
- D. **Engineering Operations** (Include Address if different than above)  
 \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address
- E. **Test and Repair** (Include Address if different than above)  
 \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address

**RECEIVED**  
 JUN 24 2013  
 FCC  
 MICHIGAN

F. **Emergencies** (During Non-Office Hours)

\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

Tim P. Loken  
G. **Regulatory Officer** (Include Address if different than above)  
501-748-7442 / Tim.P.Loken@windstream.com  
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name)  
same as above  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name)  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings** (Name)  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings** (Name)  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

L. **Lifeline Mailings** (Name)  
(Mailing Address)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

\_\_\_\_\_  
This form was completed by  
Director - Regulatory Compliance Signature  
Title Date 6/3/2013

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211  
And  
Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201